

MICHIGAN DEPARTMENT OF AGRICULTURE
FOOD AND DAIRY DIVISION
DAIRY SECTION
P.O. BOX 30017
LANSING, MI 48909

VERIFICATION OF DISPOSAL FOR CONFIRMED POSITIVE ANTIBIOTIC MILK

(In accordance with Act 266, PA, 2001 or Act 267, PA 2001)

LOAD ID# _____ DATE OF POSITIVE _____

LOAD WEIGHT _____ DATE OF DISPOSAL _____

SCREENING LOCATION _____

MANNER OF DISPOSAL: ☐ LAGOON ☐ FIELD ☐ ANIMAL FEED (100:1dilution)☐ SEWER ☐ OTHER _____

DISPOSAL LOCATION _____

STREET ADDRESS _____

CITY/STATE _____

I verify that the above identified load of milk found positive for antibiotics was disposed of in the manner and location as described above. If used for animal feed, I verify that the positive milk was tested at a 100:1 dilution and it was negative at that level to meet the requirements of the Michigan Department of Agriculture protocol that allows the positive antibiotic milk to be used for animal feed.

HAULER/DUMP SITE OPERATOR OR LABORATORY TECHNICIAN NAME:

(PLEASE PRINT) _____

SIGNATURE _____

TITLE _____

COMPLETE AND RETURN FORM TO:

MICHIGAN DEPARTMENT OF AGRICULTURE
FOOD AND DAIRY DIVISION
DAIRY SECTION
P.O. BOX 30017
LANSING, MI 48909
FAX: 517/373-9742